

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER: 09 / 701933 RECEIPT DATE: 12 / 01 / 00
IA NUMBER: PCT/ US98 / 17769 IA FILING DATE: 08 / 27 / 98
FAMILY NAME: GROOMS DELAY WAIVED (Y/N): N
GIVEN NAME: JAMIE M. DEMAND RECEIVED (Y/N): N
PRIORITY CLAIMED (Y/N): Y PRIORITY DATE: 08 / 27 / 97
NO BASIC FEE (Y/N): N US DESIGNATED ONLY (Y/N): N
ATTORNEY DOCKET NUMBER: TB-1041A-US COUNTRY:
CORRESPONDENCE NAME/ADDRESS: CUSTOMER NUMBER: 000000 TELEPHONE 4072280328
FAX
NAME: BENJEN & VAN DYKE
STREET: 1630 HILLCREST STREET
CITY: ORLANDO
STATE/COUNTRY: FL ZIP: 32803
EMAIL:
APPLICATION TITLES:
CORTICAL BONE CERVICAL SMITH-ROBINSON FUSION IMPLANT

TAB TO LAST POSITION,PUSH SEND